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Janice Bowers	(Depositor's name)
Jania Bowers	(Signature)
march 28, 2006	(Date)

ſ	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
•	09/937,739	03/14/2002	Masayuki Amagai	201487/1070	5390		

TITLE OF INVENTION: AUTOIMMUNE DISEASE MODEL ANIMAL

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.  The Address form PTO/SB/12) attached.  The Address form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (C) the name of a single firm (having as a member a registered attomeys or agents. If no name is listed, no name will be printed.  Tokyo JAPAN  (D) The Director of the User of Copies  Advance Order - # of Copies  Deposit Account Number  Deposit Account Num							
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Tokyo JAPAN   02 FC:8001   30.00 or Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government   Gover							
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